

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS  
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08 C 2139

VIETTA L. JOHNSON, M.D., DANIEL IVANKOVICH, M.D.,

v.

COUNTY OF COOK, Robert Simon, M.D., Aaron Hamb,  
M.D., and Clifford Crawford, M.D., in their individual and  
official capacities.

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

Robert Simon, M.D., in his individual and official capacity

NAME (Type or print) Jamieson B. Bowman	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Jamieson B. Bowman	
FIRM Cook County State's Attorney's Office	
STREET ADDRESS 500 Richard J. Daley Center	
CITY/STATE/ZIP Chicago, IL 60602	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6281059	TELEPHONE NUMBER 312-603-3032
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	